

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000096310

**Entity Name:** WOB HOLDINGS, LLC

**Current Principal Place of Business:**

12750 CITRUS PARK LANE, SUITE 115  
TAMPA, FL 33625

**Current Mailing Address:**

12750 CITRUS PARK LANE, SUITE 115  
TAMPA, FL 33625 US

**FEI Number:** 30-0967196

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JON-MICHAEL SANCHEZ, SPECIAL SECRETARY

04/14/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            AVERY, PAUL E.  
Address        10910 SHELDON RD  
City-State-Zip: TAMPA FL 33626

Title            VP, SECRETARY & TREASURER  
Name            NOVELLO, BENJAMIN P.  
Address        10910 SHELDON RD  
City-State-Zip: TAMPA FL 33626

Title            MANAGER  
Name            AVERY, PAUL E.  
Address        10910 SHELDON RD  
City-State-Zip: TAMPA FL 33626

Title            MANAGER  
Name            NOVELLO, BENJAMIN P.  
Address        10910 SHELDON RD  
City-State-Zip: TAMPA FL 33626

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL E. AVERY

MANAGER, BY JON-  
MICHAEL SANCHEZ,  
ATTORNEY-IN-FACT

04/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date